

DE Animal Services (DAS) case #, if applicable _____ DDA case # _____



Delaware Department of Agriculture (DDA)

Report of Animal Potentially Exposed to Rabies

DDA phone: 302-698-4630

DDA Fax: 302-697-4492

Mailbox: Rabies.hotline@delaware.gov

Exposed Animal Information

Animal owner's name: _____ Phone #: _____

Physical address where animal lives:

Mailing address (if different from above): _____

Animal's name: _____ Age: _____ Sex: M MN F FS

Description: CAT DOG Breed: _____ Other: _____

Markings: _____

Date of injury: _____ Describe injury (wound location, severity, puncture, scratch, etc.):

Circumstances of injury-what happened? _____

Rabies vaccination status:

☐ **Current until** _____ (verify with rabies certificate or medical record) ☐ **No vaccination history**
date

☐ **Expired on** _____ (verify with rabies certificate or medical record) ☐ **Unknown**
date

Is the offending (e.g., biting) animal an owned domestic animal? NO YES

If YES, please complete page 3.

Quarantine Information

Veterinarian or DAS Officer Check One of the Following (A, B, C, D, E, or F):

A. ____ Animal was **CURRENT** on rabies vaccine AND received rabies booster at time of exposure (or owner agrees to seek veterinary attention for rabies booster as soon as possible within 96 hours of exposure).

B. ____ Animal had **PROOF OF PREVIOUS RABIES VACCINATION** at time of exposure AND received rabies booster (or owner agrees to seek veterinary attention for rabies booster as soon as possible within 96 hours of exposure).

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C. ____ Animal had **PREVIOUS RABIES VACCINATION (with no rabies certificate or medical record proof)** at time of exposure AND received rabies booster (or owner agrees to seek veterinary attention for rabies booster as soon as possible within 96 hours of exposure).

****Veterinarians interested in conducting prospective serological monitoring for release of quarantine should contact the Office of the State Veterinarian prior to administering vaccination and for guidance on the protocol****

D. ____ Animal has **NEVER BEEN VACCINATED FOR RABIES** at time of exposure AND received rabies booster (or owner agrees to seek veterinary attention for rabies booster as soon as possible within 96 hours of exposure).

E. ____ Animal had **RECEIVED ITS FIRST EVER RABIES VACCINE LESS THAN 28 DAYS BEFORE** time of exposure. **Rabies booster is at veterinarian's discretion.**

F. ____ Exposed animal is a species other than a dog, cat, or ferret.

A and B: The dog, cat, or ferret must be maintained under the owner's control and observed for signs of rabies for **45 days**.

C, D, and E: The dog or cat must be strictly quarantined for **4 months** (ferrets, 6 months), confined in an enclosure that precludes direct contact with people and other animals.

F: DDA will contact the owner of the animal and provide further instruction for post-exposure quarantine.

Name of submitting agency or veterinary office: _____

Address: _____

Phone: _____

For Examining Veterinarian: Animal was given a rabies booster on _____ (date).

For DAS Officer: Owner agrees to seek veterinary care within 96 hours for rabies booster. _____
Owner initial

Examining Veterinarian or DAS Officer Signature: _____

Examining Veterinarian or DAS Officer Printed Name: _____

Owner's Signature: _____ Date: _____